PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

stated

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be se carefully supplied.

TION is very important.

mation should be cor-

B.-WRITE

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(Ja) U9057
County Somewer	Registration Dist. No. 26/
Village or City Rugston	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
00 0 13	ds. How long in U.S. if of foreign birth?yrsmosds.
10 - 1 2-1	1
(a) Residence: No. / Cusfolism Ostio	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lelly Phill Banes	22. I HEREBY CERTIFY, That I attended deceased from Mch. 1932, to Cury 13. 1932
6. DATE OF BIRTH (month, day, and year) File 13 1873	I last saw harmon alive on 2 12, 1932; death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated ebove, at
07 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPPER etc.	acut Die 778 wit Quy11, 22
	Musica
9. Industry or business in which work was done, as SILK MILL flate. Hegleway Dept	
year) fam. 17.74 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 7 Lungslow Ond (State or country)	Olime Duf wyhuli
	alims rependels
I O	
14. BIRTHPLACE (city or town) (State or country)	-Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
= 0	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Pub Barres (Address) Number man	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MA	Manner of injury
Place Photelh 1 Sate, 814 1932	Nature of injury
19. UNDERTAKER POSION To leversory (Address) Tocomobe Cita M	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 8/13 193 / Turelia 12 tacosor	(Signed) Therepa Doubles M. D.
Registrar.	(Address) Dreason Ired

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritoritis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. properly classified. TH UNFADING INK-THIS IS A PERMANEN See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. FIAINLY, B.—WRITE

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 09058
1. PLACE OF DEATH	92:0
County Somerses	Registration Dist. No. Lo 4
Village or City Westorta (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME lignes Benson	
(a) Residence: No. 7 Arm (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(wgntii) (bay) (real)
HUSBAND of (or) WIFE of Thomas Benson	1 HEREBY CERTIFY That I attended deceased from 1937 to 1939
6. DATE OF BIRTH (month, day, and year) Nov 18 1861-	I last saw has alive on Tug 1, 19.3 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.3 OP_m.
66 7 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Jerusewale SAWYER, BOOKKEEPER, etc.	Miles monficeen lahour
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this coccupation	
12. BIRTHPLACE (city or town) Westown	Other Contributors Causes of importance: + asthma dury?
(State of country)	
13. NAME Samuel Horsey 14. BIRTHPLACE (city or town). Thestory	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Harut 13 oslon	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Harrit Buston 16. BIRTHPLACE (city or town) Purcomolal (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Malla Robinson (Address) Westorn	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL of Conspanse fines / 1933	Manner of injury
Place Must be part of the place	Nature of injury
19. UNDERTAKER JAMA A Brockston	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Confidence	If so, specify
20. FILED alleg 11, 1982 19 6. Dieflusson	(Signed) / M. D.
Registrar.	(Address)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis AVIIII	3 doys ago
		2881 G d35	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	09059
1. PLACE	OF DEATH		119	03000
County	Domine	1-	Registration Dist. No.	260
Village or	city Hen B	· Clery on	No. death occurred in a hospital or institution, give its NAME instead of	St, Ward
Langth of r	esidance in city or town where		ds. How long in U.S. if of foreign birth?yrs.	
2. FULL N	AME TO LA	(1) Biding	0	
	ence: No.		St., Ward.	
(a) Resid	elice. Hu.	(Usual place of abode)	If nonresident give city or	town and State
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Grite the word)	21. DATE OF DEATH (Month) (96y)	7 19337 (Year)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorcad		22. I HEREBY CERTIFY, That	
C DATE OF DIRT	H (month, day, end year)	Mar 21, 1932	I last saw h alive on	
	fears Months	Days If LESS than	to have occurred on the date stated above, atm.	
	V	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importune were as follows:	
_ 8. Trade, pro	ofession, or particular	1 01	were as ronows.	Date of onset
SAWY Sawy Sawy Sawy Sawy Sawy Sawy Sawy Sawy	f work done, as SPINNER, ER, BOOKKEEPER, etc	1	- A	
3 Industry	r business in which	1,-	Charles Vm on les	· ·
SAW I	was done, as SILK MILL, MILL, BANK, etc.	m		
	eased last worked at ccupation (month and	17. Total tima (years) spent in this occupation		
	O Chill		Other Contributory Causes of importance:	
12. BIRTHPLACE (State or c		> '		
	4 6	wins		
Ξ	vrun vo			
A 14. BIRTHPLA	OF country)		Nama of operation	
	CA O	M. Pa - Bass	What test confirmed diagnosis? Was	
15. MAIDEN 16. BIRTHPLA	NAME Ofce	- PETERS TO	23. If death was dua to axternal causes (VIOL ENCE) fill in also th	
16. BIRTHPLA	CE (city or town)	me	Accident, sulcida, or homicide? Date of inju	ury, 19
Z (Stata	or country)		Whera did Injury occur? (Specify city or town, cour	nty and State)
17. INFORMANT (Address)	Danger	o Crimon	Specify whether injury occurred in INDÚSTRY, in HOME, or in I	PUBLIC PLACE.
18. BURIAL, CREM	IATION, OR REMOVAL	doc	Manner of injury	************
Place	Goel 12, 14	ugate 0/28,1937	Nature of injury	
19. UNDERTAKER (Address)	Mu Jour	es Duy	24. Was diseasa ar injury in any way related to occupation of da	ceasad?
20. FILED	27/1932 9	Noul Registrar,	(Signed) System (Ast-in C (Address) Dunciss	Elin D
1	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	and

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Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1	TCH
Zi Oi	B
>	40

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1906)
1. PLACE OF BEATH	[199]
County Squesser	Registration Dist, No. 260
Village or City Present Que	NoSt.,Ward
Length of residence in city or town when death occurred mos 2. FULL NAME	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos, ds
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Truesle White S. SINGLE, MARRIED, WIDOWED, OR INVORCED (write the word)	21. DATE OF DEATH (April) (Day) (Year)
5a. If married, widowed by dispression of the land Bowe	22. I HEREBY CERTIFY. That I attended deceased from
100 78 1846	l last saw h alive on /19 death is sair
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or	to have occurred on the date stated above, at . 9.3 cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dropped dead Course
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and bis o	not known,
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) (13. NAME (13. NAME)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
· (State of Fountity)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Accorded Descenter 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury
17. INFORMANT TO BOWE (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Princers Anne Date aug 17, 1932	Manner of injury
19. UNDERTAKER U. J. Watson & Bon (Address)	24. Was disease of injury in any way elated to proposition of deceased? If so, specify
20. FILED 8 / 16 , 1932 J Smith Registrar.	(Signed) (Address) M. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09061
1. PLACE OF DEATH	(10)
County James et	Registration Dist. No. 270
Village or City Marion	No. R. F. D. St. Ward
Length of residence in city, or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Lennings P. Butle	er -
(a) Residence: No. Farm	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sungle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 29 1930	I last saw h. alive on Cucy 15 (1972; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9. 4. m.
2 2 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc More	Defalleria aug
d Industry or husiness in which	121
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Marion	Other Contributory Gauses of importance:
(State or country) and	marine for congress
13. NAME Clifton Butler	
13. NAME (lefton Butler 14. BIRTHPLACE (city or town) Marion	Name of operation Date of
(State of country)	What test confirmed diagnosis? Success Was there an autopsy? We
15. MAIDEN NAME ama Harrison 16. BIRTHPLACE (city or town) Deals Island	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Weals I sland	Accident, suicide, or homicide?Date of Injury
(State or country) Mid	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clifton Sutler (Address) marion and	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Fauls Country of Cing 17 1932	Manner of injury
19. UNDERTAKER John a Bradsfon	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Cafied and	If so, specify
20. FILED ang. 7, 1932 Ecolina Registrar.	(Signed) Class : The Character M. D. (Address) Osphion S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back of

19. UNOERTAKER

(Address)

WRITE PLAINLY mation should be CAUSE OF DE

STATE OF MARYLAND	-CERTIFICATE OF DEATH 09062		
1. PLACE OF DEATH	119		
County County	Registration Dist. No. 268		
Village or City & Midd	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. it of foreign birth? yrs mosds.		
2. FULL NAME BANGARA GASIA			
(a) Residence: No. / UTU O	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4. COLOR OR RACE OR DIVORCED (write the word)			
ia. If married, wildowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended dccaased from		
(or) WIFE of	19 to 19		
5. DATE OF BIRTH (month, day, and year)	I last saw have ative on and and all one 1932, death is said		
AGE Yaars Months Days If LESS than			
7 3 21 or min.	wera as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cha - Goules		
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MtLL, SAW MILL, BANK, atc 10. Date deceased last worked at blue consultion (month and spent in this spent in this			
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation			
12. BIRTHPLACE (city or town) (Stata or county)	Other Contributory Course of importance:		
13. NAME LO VOY CARLES			
14. BIRTHPLACE (city or town) (State or country)	Name of operation		
15. MAIDEN NAME & the Joylor	23. If death was due to external causes (VIOLENCE) fill in also the following:		
13. MAIDER HAME	Accident, sulcide, or homicida?		
16. BIRTHPLACE (city or town)	Where did Injury occur?		
17. INFORMANT & tto Carles (Address)	(Specify city or town, county and State) Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMACION, OR REMOVAL	Manner of injury		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

24. Was disease ar injury in any way ratatad to occupation of decaased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	8	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run, over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See berth	Certificate	Low authorization	on to cleans	e Proth.
		1	y	12
		0	4	~~~

V. S. No. 1

Z

should state of OCCUPA. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(9)
County Somereat	Registration Dist. Np. 240
Village or City Princess Anna	No. St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
9, 0,	,
2. FULL NAME FORTHURA SOFBIA	
(a) Residence: ND. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Wife Garl G. Borkin	22. I HEREBY CERTIFY. That I attended deceased from 1932 to 17 1982
6. DATE OF BIRTH (month, day, and year) 1893 March 10	I last saw h. Str. alive on Qoog 12 19.32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.00Am.
39 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BUUNKEEPER, etc.	Troproceive Bulbar Taralycis 1929
9. Industry or business in which work was done, as SILK MILL, Jonora) House work	
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spant in this occupation (coupation)	O
12. BIRTHPLACE (city or town) 77 ary 19 n &	Dther Contributory Canses of importance:
(State or country)	Suptice Intection of right Tuly 32
13. NAME (); 11. am Fooks 14. BIRTHPLACE (city or town) Jany land	Croast
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?_ ND
15. MAIDEN NAME of COURS 700 NS	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Gorl G. Gorbin (Address) Presson Grand	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) FreeDCOO Greeo. MS	Manner of injury
Place Primulano Date & 18 1932	Nature of injury
19. UNDERTAKER William Jone (Address) 3.7 Part 1 17 P. 22-1	24. Was disease or injury in any way related to occupation of deceased?
20. FILED leg 17, 1932 If Smith	(Signed) Godon of Markorman) M. D. (Address) Treexes Quite ma
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
RUBEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

B.

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(Address)

STATE OF MARYLAND	-CERTIFICATE OF DEATH 09064		
1. PLACE OF DEATH			
County Somerset	Registration Dist. No. 262		
Village or City near Coston Station.	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs	_mosds. How tong in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Marion H. Cottman			
(a) Residence: No. Pocomoke City, Md., R. (Usual place of abode)	D • St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male Black 5. SINGLE, MARRIED, WIO OWEL OR DIVORCED (write the word	21. DATE OF DEATH Aug. 5, 1932. 193 (Month) (Oay) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from July 29, 1932, to Aug 5, 1932.19 Last saw h. elive on Aug 4, 1932. death is seid		
6. DATE OF BIRTH (month, day, and year) June 9, 1908	I last saw h elive on Aug. 4, 1935.; death is seid		
7. AGE Years Months Days If LESS that 1 day,	to heve occurred on the date stated above, et. 8A. Mm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:		
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Auto-intoxication.		
9 Industry or business in which work was done, as SILK MILL, Farm hand. (Labo	rer)		
10. Oate deceased last worked at this occupetion (month and 615/32 spent in this 10 occupation	yrs.		
12. BIRTHPLACE (city or town) Somerset County, (State or country) Maryland	Other Contributory Causes of importance:		
7			
13. NAME HOTACE COTTMAN 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy? No.		
	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Marylan d	Accident, suicide, or homicide? Oate of injury, 19		
(State or country) 17. INFORMANT Horace Cottman (Address) Pocomoke City, Md., R.D.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place June Chapel Date July 7, 19	Manner of injury		
19 UNDERTAKER Balland Brass.	24. Was disease or injury in any way releted to occupation of deceased?		

Registrar.

If so, specify

(Signed)

Pocamoke

Md.

City,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewift in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gostroen teritis 1 year

V. S. No. 1

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PIATE OF MARYLAND	CERTIFICATE OF DEATH (1906)
1. PLACE OF DEATH	
County Journal.	Registration Dist. No. 26/
Village Dr City Marion	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cotting have	
(a) Residence: No. Maskow MA	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Aug 7 (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
Tun 0 1222	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7. AGE. Years Months Days if LESS than	! lest saw h; death is said
/) / / l day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8. Trade, profession, or perticular	were as follows:
o trade, profession, or pertuguiar kind of work done, as SPINNER, Infaut	Now Nag
9 Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupetion	Olfrer-Contributery Causes of importance:
12. BIRTHPLACE (ciffy or town)	The success of importance:
(State or country)	attendance
13. NAME Garfield Cotting have	
13. NAME Sarfield Collingham 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
E 15. MAIDEN NAME Clara Miles	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Caraffices 16. BIRTHPLACE (city or town) (State of country)	Accident, suicide, or homicide? Date of injury 19
State of country)	Where did injury occur?
17. INFORMANT Garfuld Cothinghauer (Address), Marione Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL .	Manner of injury
Place tome regund of Date 8/8 1932	Nature of injury
19. UNDERTAKER Tackels Cottingham tather	24. Was disease or injury in any way related to occupation of deceased?
(Address) flaring 196	if so, specify
20. FILED 8/8, 137 Gurelia 1 1. Fauxou	(Address) Marcow Md
16 U-1 U-1 C P	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	3.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYLAND	-CERTIFIC	CATE	OF	DEATH

1. PLACE OF DEATH	(19066)
County Non rock	Registration Dist. No.
Village or City Yon Or Buce	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Telson horses	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH Quy 26 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 28. 18.77 7. AGE Years Months Deys If LESS than 1 day,	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dry o con Vrouffie
year) occupation	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Delie da Bow Carro 16. BIRTHPLACE (city er town) (State or country) 17. INFORMANT Burning	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Wells Teers. Date \$ 27, 1937	Manner of injury
18. UNDERTAKER FOR NEW MARCH CONTROL OF THE STATE OF THE	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILEO O FILEO Registrar. If more blanks are needed, address State Registrar,	(Address) Bruces Oence 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.—WRITE

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u></u>		

PHYSIshould be carefully supplied. ACE should be stated EXACTLY, P. E. OF DEATH in plain terms so that it may be properly classified. TION is very important. See instructions on back of certificate. BINDING ITH UNFADING INK--THIS IS RESERVED MARGIN statement of WRITE

	PLACE OF DEATH County & Mersel
	lage or City Westover (No
	PERSONAL AND STATISTICAL PARTICULARS
3.5	A COLOR OR RACE SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 [OATE OF BIRTH (Month) (Day) (Year)
7 A	ge If LESS than day 4/hrs. yrs. mos. ds. or min.
P.	b) General nature of industry usiness, or establishment in which employed or (employer)
hnoven	10 NAME OF FATHER John W. Douson
STN	11 BIRTHPLACE OF FATHER (State or country East New Market
PARENT	12 MAIDEN NAME Sucy . ones
	13 BIRTHPLACE OF MOTHER (State or Country) Westeren Md
14	(Informent) Mary bollins
	(Address) Weslover Ma
15	Filed aug 16 1932 46, Dickinson Regietrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 264

Ste Ward) a hos

(if death occurred in a hospital or institution, give its NAME ineteed of etreet and number.)

	MEDICAL CER	rificate c	F DEATH	
	OF DEATH (M)	(Month)	(Day)	192 <u>4</u> (Year)
17	I HEREBY CERTIFY			
	192	. to		, 192
	t eaw hand, alive on			(()
	BE OF DEATH * was		above, at	Wedfeesseam, W.
PA	lmalu	re Bu	th	
	butory	Purstion)		ds.
(Signed)	16. Nick	moon	Asool entain	Com de
Violent Acciden	Causes, state (1) I tal, Suicidai or Homicid	Means of Inj	ury and (2)	Whether
	H OF RESIDENCE Recent Residents)	(For Hospit	ale, Institution	ns, Irans
At place of death	yrsds	In the State	угап	108ds
Where was	disease contracted,			
Former or usual reside	ence	*******	******************	************
19 PLACE	OF BURIAL OR REM		DATE OF B	URIAL

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Distributioner, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. taken. For violent deaths state means of injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropay," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-," "Coma," "Convulsions, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B. See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

STATE OF	MARYL	AND-C	ERTIFIC	CATE	OF	DEATH	(19

1	. PLACE	OF DEA	тн			93-0)		000
	County_5	Somers	et				Registration	Dist. No. 2	
	Village o	r City Re	hobeth			No		St.,	Ward
	t anoth of	residence in ci	tu as taum unbasa de	anth account		death occurred in a hospital or i			-
				1111			5. If Of foreign Dittin:	yisn	usus.
2	. FULL N	IAMEI	lwood F	rancis	Dryden				
	(a) Resid	dence: No		(Usual place	of abode)	St.,Ward.	If nonresider	nt give city or town and	State
-	PERSO	DNAL AN	D STATISTIC			MEDICAL	L CERTIFICAT		
	sex [ale		R OR RACE	s. single, MAR or divorcei Singl	RfED, WIOOWED, D (write the word)	21. DATE OF DEAT	rH ugust	19th.	., 193_2
5e.	If married, win	f	orced			22. I HERE		Y, That I attended	deceased from
	(,					8/19/3	19 to	0/19/3	7 2 19
-		TH (month, de	y, and year) Apr		.1899.	i lest saw helive or	n	9 32/19	_; death Is said
7.	AGE	Years	Months	Oays	If LESS then 1 dey,hrs,	to have occurred on the date		UUAm.	
		3 3	3	21	ormin.	The PRINCIPAL CAUSE OF were as follows:	DEATH and releted can	uses of importance	Oate of onset
Z	8. Trede, pr kind (ofession, or p of work done,	erticular as SPINNER, EPER, etc	Farm	er	() . A	- 46 %		
4TJC		ER, BOOKKEE or business in		7 64-11	01	acute all	asic		-
OCCUPATION	work SAW	wes done, as ! MILL, BANK,	SILK MILL, etc			Chenni	- negoea	and to	
Ö	10. Date dec	eesed lest wo		• 11. Totel ti	me (years)		- ye-ce		
_	yeer)		nth and 1932	ocal	nt in this Life	Other Contributory Causes of	f importance:	,	
12.	BIRTHPLACE			et Cour	nty	Jusected	Jouse	C	
~	(Stete or			ryland					
FATHER	13. NAME		ar F.Dry			Colonie	. Itase	P	
-AT	14. BIRTHPL	ACE (city or to	own) Somer	set Cor	inty	Neme of operation		Oate of	
-		e or country)		ryland		Whet test confirmed diagnosi	is?	Wes there an	autopsy?
HE			rah C.Ti			23. If death was due to extern	nal causes (VIOLENCE)	fill in also the following	g:
MOTHER			own) Somers			Accident, suicide, or homicid		Oate of injury	, 19
-		e or country)		ryland.		Where did injury occur?	(Specify city of	or town, county and Sta	te)
17.			arah Dry oke City		and	Specify whether injury occur	red in INOUSTRY, in H	IOME, or in PUBLIC PL	.ACE.
18.	BURIAL CREA	MATION, OR	Rewelar	277		Menner of injury			
R	ehowet	himar	vlanda	Dete Aug	21- 19 32	• Neture of injury			
	UNDERTAKER	7/2:00	ou PX	teve	uson	24. Was disease or injury in	eny wey related to occu	upation of deceesed?	no
			okenCity	Maryka	nd.	If so, specify			
20	FILED AL	a20	19 Dame	w/s/	cott	(Signed) a	glass	lus	M. D.
20.	· · · · · · · · · · · · · · · · · · ·				Registrar.	(Address)	acomet	& ers	ma,

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kind of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, station of the occupation can be secured. Do not machinist, etc. Distinguish carefully be should be called a salesman and not a cle

Statement of cause of death.—Cause or ... the means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Įį.	Example II	
The principal cause of do of importance were as for	leath and related causes bllows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephriti		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	SEP 9 1839	July 5,1927	Peritonitis	3 days ago
	BURFAU V. S			
Other contributory cause	es of importance:	è	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Į

V. S. No. 1

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M	info	sta	UP	
	of	plu	200	1
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF BEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ery	NS	ent	1
	Eve	CIA	teme	1
	RD.	[XS]	sta	
MARGIN RESERVED FOR BINDING	ECO	PH	ract	
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RVI		pln	nay	ack
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	AIL	ld b	THE STATE OF	N. A.
	Id !	hou	OF	ve
	ITE	on s	SE	N is
=	-WR	nati	CAU	[OI]
V. S. No. 1	B.	1		TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 99069
1. PLACE OF DEATH	
County Drusself	Registration Dist. No. 3 8
Village or City WENONA, MD	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME	ar Ormans
	St., Ward.
(a) Residence: No. (Usual place of abode)	St., wide. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
M. V Pinal	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. 71 H/EREBY CERTIFY, That I attended deceased from
(or) WIFE of	1927 to Qua 6 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h flive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, A
24 10 9., Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	The Sall was I I was
SAWYER, BOOKKEEPER, etc. 2016	17 12000 04 7 0.00
S. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc	
O 10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTJIPLACE (city or town) WENONA, MD.	Other Contributory Causes of importance:
(State or country)	
II 13. NAME Devell Grano	
14. BIRTHPLACE (city or town) WENONA, MD.	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and Stata)
17. INFORMANT PLAN Ovars	Specify whether Injory occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR, REMOVAL	Manage of Indian
Place Lolals Isld Oate ang 8, 1984	Manner of injury
0-18 1.1-1	24. Was disease er injury in any way related to occupation of deceased?
19. UNOERTAKER TO COLO CALLONS (Address)	If so, specify
Des Car Dona Welst.	(Signed) M. D.
20. FILEO	(Address) - G-Avan 16
If more blanks are needed, address State Recistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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statement PHYSICIAN

S. No.

back

instructions

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 263 County. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of town How long in U.S. If of foreign birth? (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorce HUSBAND of ERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Davs If LESS than Months 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. OCCUPATION Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10 Date deceased last worked at 11. Total tipla (years) this occupation (month and spect in this occupation Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town (Stata or country) What test confirmed diagnosis?_. Was there an autopsy?_____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) (Stata or country Where did Injury occur? ... (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address If so, specify

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Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7"			
Other contributory causes of importance:	16 MICH	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. PHYSICIANS should state Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY.

THE in plain terms, so that it may

be properly classified.

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V. S. No. 1

CAUSE OF DEA

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6	~	10	-	AL.

1. PLACE OF DEATH	150
County Somersel	Registration Dist. No. 265
Village or City reskield	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Dorsie Mae Glanis	1 Harris
(a) Residence: No. Broadway (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Gugush (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WHE of infant	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
7. AGE Years Months Days If LESS than 1 day,hrs.	THE FAMILIE AL CAUSE OF DEATH and related courses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	- asterdance
this occupation (month and spent in this occupation	Other Contributory Canses of importance:
(State or country)	
13. NAME Carl blance	
14. BIRTHPLACE (city or town) Orifield	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Harrie 16. BIRTHPLACE (city or town) Elizabeth, IV. C. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Carl Jefferson Klaming (Address) 946 Jefferson St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Automatical Company Co	Manner of injury
19. UNDERTAKER TO MI UI De addison. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Duy 4, 193 & los leveling. Registrar.	(Signed) le le Collina Henry M. E. (Address) lessfield ma Henry He

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITION A	E STACE I	OR FURTH	ER SIAIE	MENTS BY P.	IIISIOIAN	

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¹ PLACE OF DEATH	STATE OF MARYLAND
Λ	
County Jamestel	CERTIFICATE OF DEATH
^ /	Registration Dist. No. 200
Village or City J. Lune (No	St: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Nov 3, 1856	my. 1900 to creed 26 : 192 2
(Month) (Day) (Year)	that I hast saw h Malive on Reg (27, 195 2,
7 AGE	and that death occurred on the date stated above, at
75 yrs. 9 mos. 2 6 de or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or retired boutrocto	felusi
(b) General nature of industry	0 04
business, or establishment in which employed or (employer)	Multillementation) yrs
9 BIRTHPLACE (State or country) Chio	Contributory Calling Secondary Secondary Much Secondary Much Secondary Much Secondary
10 NAME OF FATHER AND H-Hills	(Signed) The B. Myelly M. D.
II BIRTHPLACE	(Address) (Assurant City
Z (State or country) ONGROND	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rebecca Mhellor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place in the of death yrs nos ds. State yrs nos ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Mrs Rollin Days	Former or usual residence
(Informant)	TO PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) T. WWW.	Cursetleme (legg, 1932
15 Filed 8-30 1982 J & Swifts	20 UNDERTAKER ADDRÉSS Plume

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory firemon, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Solesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housenuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, us Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a without more precise specification as Day (b) Automobile foctory. The material single word or term on (6) Grocery;

stinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the bis EA. I THE ING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> Leddius) may be stated under the head of "contributory." Papproved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencurbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Examplo: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is permanently filed. essential and must be obtained before the certificate is

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago July 5,1927 Peritonitis Cercbral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

lee bestte	Certificate	for cleaver	of mother's name	
		0	James Comment	
	V		F.	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09074
1. PLACE OF DEATH /	
county Journsel 100	Registration Dist. No. 2. 7. D
Village or City Crestield of F. A.	No. St., Ward
Length of residence In city or town where death occurred 4 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	fue a so
2. FULL NAME / DOV, CORMONOL JOI	ncon
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDDWED, OR DAVORCED ("urisig the word)	21. DATE OF DEATH aug 2 nd 193 2
5a. If married, widowed, or divorced HUSBAND of	(Months (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Of nyth 1924	nough 2 , 1932 , to leng 2 , 1932
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et Moon. 12 O'clock
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es follows: Date of onset
kind of work done, as SPINNER, 1998 Tweel Tackey SAWYER, BODKKEEPER, etc 1998 Tweel Tackey Industry or business in which work was done as SILK MILL	4 88
Industry or business in which work was done, as SILK MILL,	-10 a l la Carolina
SAW MILL, BANK, etc.	- Clarong San A and the
this occupation (month and spent in this	
year) occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME James Johnson	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Alares Co. Harreson	Whet test confirmed diagnosis? Was there en eutopsy?
	23. If death wes due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Class 2. 19. 3.
16. BIRTHPLACE (city or town) (Stete or country)	Where did Injury occur (sis July)
Rulling Solverson	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT & MARY TO MENTERS	in lower
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Double barrel shot gum
Place & SWOW Cliceles, Date City 4, 1932	Neture of injury Black block block of year law
19. UNDERTAKER Saws (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED and 3. 1977 los Paro 8 lim	(Signed) Sarely Me. Pay ton M.D.
Registrar.	(Address) Crisquelik , Mangand
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep		1921	Run over by street ear	1 week aga	
Cerebral hemorrhage	SEP 6 1992	July 5,1927	Peritanitis	3 days ago	
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

for-ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09075					
infor	1. PLACE OF SEATH	(45)					
occo	County Sources	Registration Dist. No. 268					
shof	Village or City VI Color	NDSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)					
nt NS		ds. How long in U.S. if of foreign birth?yrsmos ds.					
Every CIANS ement	2. FULL NAME Vegua delo	roud					
9.3	(a) Residence: No. St., Ward.						
	(Usual place of abode)	If nonresident give city or town and State					
RECO Fract Exact	PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH					
	While White Williams (write the word)	(Month) (Day) (Year)					
MANEN A C T I assified.	5a. II married, widowed, or divorced HUSBAND of Cor) WIFE of august W. Leibroud	22. I HEREBY CERTIFY That I attended deceased from					
EXE.	6. DATE OF BIRTH (month, day, and lear) Quy 5. 1863 7. AGE Years Months Pays HLESS than	I last saw here alive on long 1 1932; death is said					
IS A PE stated E properly certificate	1 9 — 0 1 day,hrs.	to have occurred on the date stated above, at					
sts pro	8. Trade, profession, or particular	were as follows:					
HIS be be of	kind of work done, as SPINNED. A Company SAWYER, BOOKKEEPER, etc.	Sacones of www 1929					
nay pack	kind of work done, as SPINNED. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Sunt 1					
INK—T should t it may on back	0 10. Data deceased last worked at 11. Total time (years)	Molastery all abdominal 2					
- T	this occupation (month and spent in this occupation occupation	orgous					
AGJ AGJ se tha	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:					
ed. s, s	(State or country)						
NFAI oplied. erms, instru	13. NAME WEller						
H U sul	14. BIRTHPLACE (city or town)	Name of operation Date of					
IIy pla	(State or country) Lis, MAIDEN NAME 7 Fig. 60	What test confirmed diagnosis? Was there an autopsy?					
becareru EATH in important	± 4	23. If death was due to external causes (VIOL ENCE) fill in also the following:					
3 = 6	O 16. BIRTHPLACE (city or lown) (State or country)	Accident, suicide, or homicide?					
	17. INFORMANT MAS. C. E. Widdowson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.					
S PLA should OF D	(Address) Willower, led						
Sh Sh is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury					
	Place Nobiger your Date 9/13 ,193 2	Nature of Injury					
-WRIT mation CAUS TION	19. UNDERTAKER & O Walson To	24. Was disease or mour in any way related to occupation of deceased?					
B	(Address) or them had	If so, specify Houry M Noublord					
z A	20. FILED 9/0, 1982 If Smith Registrar.	(Signed) (Address) Thuras army Well					
U		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:	- 17		
Gollstones	May 1,1923	Gastroenteritis	1 year		
			₹.		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 69076
1. PLACE OF DEATH	1942
county Semuset Co.	Registration Dist. No. 263
Village or City Just besues of Una	class Cessel Rust the St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Jacob B M	Meno
(a) Residence: No firme en Ocame	Posself Hward. M.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male With OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lynnie Mc Intyre	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fel	Mart saw h. 1 M alive on seey 2 ret 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.1223 m.
47 Februar 22 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Bucklayer SAWYER, BOOKKEEPER, etc.	Cerebral Hemerlage July 300 192
8 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and to month occupation).	
12. BIRTHPLACE (city or town) That Vernon (State or country) Thankley and	Other Contributory Causes of importance: Pacalyais 9 Respectie aug. 19
The farmer,	Cestre- Hegling 9 1932
13. NAME James R. The contint 14. BIRTHPIACE (city or town) Int. Werfore	Neme of operation
(State or country) maryland.	What test confirmed diagnosis? Cleaner Was there an autopsy?
16. BIRTHPLACE (city or town) Int yerryen	23. If death was due to external causes (VIOLENCE) fill in elso the following:
State or country)	Where did injury occur? Mil. besseen described of printers of the second
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Bublic Place - Base ball field
Piace Mt Cerron Date Ougust 4, 19 3 2	Manner of injury Continue Decumbeling
19. UNDERTAKER Dale Dashiell	Nature of injury Assol such Assol Rusekeel 24. Was disease or injury in any way related to occupation of deceased? Assol Section 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
(Address) Princess anne ma	If so, specify
20. FILED LIFE L. 1932 1 Stepher Tolkerstrar.	(Signed) flee M. D. (Address) f. Sacrens
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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OF

AUSE LION 1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

WITHIN CORPORATE

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Examp	le I		Example II		
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Chronic interstitial nephritis	1 1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	44- 4	July 5,1927	Peritonitis	3 days ago	
	2. 24				
Other contributory causes of in	nportance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
*					

state

PHYSICIANS should

EXACTLY.

plnods

supplied.

mation should be carefully

B.—WRITE PLAINLY,

ż

properly classified.

certificate.

Jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

17. INFORMANT (Addrass) 18. BURIAL, CREMATION,

19. UNDERTAKER

(Addrass)

of OCCUPA. item of infor-

Exact statement

1. PLACE O		F MARYLAND—	CERTIFICATE OF DEATH 09028
County	Somewer	8.	Registration Dist. No. 270
Village or C	city muruos	2.:	No. morredy Hoohlas Word
Langth of resi	idence in city or town where da	(If path occurredvrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NA		Palue	
(a) Residen	ice: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSON	IAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junel	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTYFY, That I attended daceased from
6. DATE OF BIRTH	(month, day, and yaar)	.12, 1132	I last saw h alive on, 19; death is said
7. AGE Yea	Months	Days If LESS than 1 day,hrs.	to have occurred on tha date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAWYER, 9. Industry or work was	ssion, or particular work done, as SPINNER, BOOKKEEPER, atc	or Born	Date of onset
- 11113 0000	ad last worked at pation (month and	11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (cit (State or cour	ty or town)A ntry)		Other Contributory Causes of importance:
13. NAME	Jarolo Ra	eluev.	
13. NAME 14. BIRTHPLACE (Stata or	(city or town)	une	Name of operation
	ME Leua Fr	D en	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
E	(city or town) m.D. country)		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT	Hasolo Po	lucel	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Mannar of injury

If so, specify (Signed).

(Addrass)

24. Was disaase or injury in any way related to occupation of dacaased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THEOLE V. S. H				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		ware.		

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

ä ż certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

U	9	0	6	9

1. PLACE OF DEATH	
County Semeraet	Registration Dist. No. 260
Village or City Perrelhouston	In Marches, Cassale # (St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	s. How iong in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Level C. Res	ani
(a) Residence: No. Persylvine (Usual place of abode)	Bil . A Hard. 1 If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write-tha word) OR DIVORCED ("write-tha word)	21. DATE OF DEATH (Month) (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	HEREBY CERTIFY, That I ettended dacaased from
6. DATE OF BIRTH (month, day, and year) Auto 15 th 1910	I laysaw alive on On Olive death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at. J.Pm.
21 11 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	from Shet Wome
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	Juliu peliu
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country)	Justeen Steel
	7.00
13. NAME Loyd Co. Program 14. BIRTHPLACE (city or town).	00 10
[State or country]	Name of operation
	What test confirmed diagnosis?
E	Accidant, suicida, or homicida? PLSC Control of the following:
State or country)	Whera did injury occur? On Larne el M. P. Rea
17. INFORMANT Lalo Rigain	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	Herre
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury good About the heart
Place Perry howking to 10,193	Nature of Injury busheved Depth
19. UNDERTAKER MANNELL	24. Was disaasa or injury in any way related to occupation of deceased?
0 - 0 - 11 0 - 1/	(Signad) / Lea 13 Musell M. D.
20, FILED May 9, 19 Desistrar.	(Addrass) . J. Mache Co. July
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitàs Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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1. PLACE OF DEATH County Somewhite WITHIN CO Village or City lensfield	Registration Dist. No. 2-65 No. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How fong fn U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	
M OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19
7. AGE Years Months Days If LESS that I day,	I last saw h alive on
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL Patters trick Place Linguist Cerry Date (ung/ 2 19.3) 19. UNOERTAKER JOHN Brocksto (Address) 20. FILED. ang. 12, 1932 Act leaving. Registrat.	Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Corruin Ruyance Canfield

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIMIL		1417/17/17	AIV .	CLIVIII	CAIL		DLAII

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OIMIL	I MITTICE THE	CERTIFICATE OF DEATH
1. PLACE OF DEATH		<u> </u>
County Somerser	`	Registration Dist. No. 2.65
Village of City lendield	WITHIN CONFORME	No. St., Ward
Length of residence in city or town where de		f death occurred in a hospital or institution, give its NAME instead of street and number)
	2 . 0	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Sample -	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX pennale 4. Color OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decessed from
		, 19, to, 19
. DATE OF BIRTH (month, day, and year)		I last saw h; death is said
. AGE Years Months	Days If LESS than 1 dey,hrs. ormin.	were as follows.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		no Blugseen - affenda Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		chila born deas
10. Dete deceased lest worked et this occupation (month end yeer)	11. Total tima (years) spent in this	
2. BIRTHPLACE (city or town) less 3	lield mod	Other Contributory Causes of importance:
13. NAME Colyse O	Sumble	
14. BIRTHPLACE (city or town) (State or country)	irginia	Neme of operation Dete of
15. MAIDEN NAME & Callin	0 0 . 40	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME /S and	- am I would	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	rangularial	Accident, suicide, or homicide?
1. INFORMANT CAUTE OF	Smuffle	Whera did injury occur?
B. BURIAL, CREMATION, OR REMOVAL	Day ord	Menner of injury
Place Lywspina	Date leve / 3, 19 32	
UNDERTAKER JUM Q BA	adston	24. Wes disease or injury in any way releted to occupetion of decaesed?
0. FILED any 13, 193 de	& lealling Registrar.	(Signed) to be all Health of M.D. (Address) fairstrikes by
If more bi		2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		daviac	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	CDACE FOR	THOTHED	STATEMENTS.	DV	DUVCICI	N.
ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	ВХ	PHYSICIA	IN

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

TION is very inportant. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09082
1. PLACE OF DEATH	92-0
County Jonesso T.	Registration Dist. No. 270
Village or City Lauropen Ma	NoSt Ward
alean X)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 40 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME July Megrif Steve	carried the second
(a) Residence: No. Jawson Wal (Usual place of abode)	St., Watel. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Windows	21. DATE OF DEATH Que , 26 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Saruh Thereway	22. I HEREBY CERTIFY That I attended deceased from
2 la about 1000	I last saw Hann alive on Que 2 5 1932 death is said
6. DATE OF BIRTH (month, day, and year) William 1877 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.13 Am.
Chan x 53 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEPER, etc.	Mitral insufficiency 1932
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time in this this occupation (month and	The state of the s
3 SAW MILL, BANK, etc. 1 rivale family	
10. Data deceased last worked at Folomorphisms occupation (month and yaar) 11. Total title (years) specific this occupation occupation occupation occupation	
7. Occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lumburg (State or country)	asthmust Edenin July
1 0	
14. BIRTHPILOG (city or lown) Unlaware	
4. BIRTHPLOCE (city or fown) lull (State or country)	Name of operation
100	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) - Www Kraum (State or country)	Accident, suicide, or homicide? Date of injury, 19
L. C. D. C.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Chindary Galler	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL	Manage of Injury
Place Lawsomia lan Date lung 29, 1932	Manner of injury Nature of injury
J. h. AB 24.0	
19. UNDERTAKER AND UNCAUSED.	24. Was disease or injury in any way related to occupation of deceased?
14.4.29 20 2 2 2 111	(Signed) A Ser arkley M. D.
20. FILED any 29, 1932 . E. Collect	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PURL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(0)
County Somesset	Registration Dist. No. 2-68
Village or City! Westing	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME audry thomas	
(a) Residence: No. William (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH Aug 24th (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Orefuet.	22. I HEREBY CERTIFY, That I attended deceased from Ques. 254, 1932, to Ques. 144, 1952
6. DATE OF BIRTH (month, day, and year) Succes 11th 1930	I last saw h. e. F. alive on Reg . 23 9 , 19 3 2: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2 5 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Deklesia Date of the
SAWYER, BOOKKEEPER, etc.	Jangagent & Change 1/2
Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	79
10. Date deceased last worked at this occupation (month and year)	
Lant On M	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
13. NAME ASA TRANSPORT	
ne management and	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Character Worthere an autopsy?
15. MAIDEN NAME Hilda Webstin	23. If death was due to externen causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide
(State or country)	Where did injury occur?
17. INFORMANT. Mes. Hele Henry	(Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ilmvace Daig Cusq 201932	
19. UNDERTAKER - PARCEL J. St. Classes (Address) A. Colls D. Sara	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED aug 25- 192 Rosa Welste	(Signed) & B. Whallef M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 09084
1. PLACE OF DEATH	95.5)
County Somessel	Registration Dist. No. 263
Village or City Crissield And	No. St., Ward
(lif	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurredyrs,mos.	ds. How tong in U.S. If of foreign birth?yrsmosds.
2. FULL NAME TENRY TO MAD	les
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Maso OR DIVORCED (write the word)	21. DATE OF BEATH , Aug 20 h 1932
50 If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
(m) miles	aug 20 ,1932, to aug 20 ,1932
6. DATE OF BIRTH (month, day, and year) Dec. 26 1861	I last saw harmaliva on farman, 193 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 25 A.m.
40 9 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	acute 1 Least Failure - Date of onset
kind of work done, as SPINNER, forker at the	Found dead in bed -
kind of work done, as SPINNER, for her at the SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Hang All. Total time (years) this occupation (months and	
SAW MILL, BANK, etc	
10. Date deceased last worked at Aug 11. Total time (years) spant in this occupation occupation	
1 1	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
11 11	
± 1	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
1 1 1 1 1 1 1 1	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary J. Dadford 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Colore of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TOMANICO Magder 1	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Creshell, Aldi	Manage of Isium
Piace liesfield Cerettery Date Neg 22 1937	Manner of Injury
1 d & Phinole	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
	(Signad) Sarah Ver. for for M.D.
20. FILED My. 22, 1932 Ecollins Registrat.	(Address)
Kegoirar.	(

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH infor OCCUPA-1. PLACE OF DEAT J0 should County Registration Dist. No. item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement ECORD. St., (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH BINDING 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY, That I attended deceased from 22_ (or) WIFE of E 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years If LESS than Months Oays to have occurred on the date stated above at 12:009 m FOR 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER. of SAWYER, BOOKKEEPER, etc may 9 Industry or business in which should bac work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11, Total time (years) this occupation (month and spent in this that occupation ... Other Caatributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) supplied. (State or country) in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?_ MOTHER 15. MAIOEN NAME ant 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? DEATH impor (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation MOIL Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

193 2

(Year)

Date of enset

Was there an autopsy?____Q

Date of injury _____ 19

(Day)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the same of th	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<i>F</i>			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

N. B.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	201	SELEN
- 19	31	986

1. PLACE OF DEATH	- Gio
County Somuset	Registration Dist. No. 270
Village or City Maraon	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Dun P Tubris	
(a) Residence: No. Many Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) may, 3 1879	1 lest saw h alive on Carp 2 , 1982, deeth is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, et
53 3 17 1 dey,hrs.	more as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	acul Del) Hent du 32
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupation (month and)	
10. Dete decessed last worked at this occupation (month and year) 11. Total time (years) spent in this week	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(Stete or country)	Durstion: Hyens o
13. NAME Washington Jugar 14. BIRTHPLACE (city or town)	- Sign
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Wes there an autopsy?
E	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Timbrion MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, ONEMATION: OR REMOVAL Place LINE As Self Date 8/23 1932	Menner of injury
19. UNDERTAKER Chas It Ward (Address) Wasser Trus	24. Wes disease or Injury in eny way releted to occupation of deceased?
20. FILED 8/1/3 , 137 aurelia 12 tauxo, Registrar.	(Signed) Long C Sulles M. D. (Address) Morrow Jan D.
Acginiur.	Constitution of the state of th

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: 21	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis TRY II	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilouitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND-CERTIFICATE OF DEATH

09087

1. PLACE OF DEATH	(131)
County Strees	Registration Dist. No. 264
Village or City Western	ND. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Laura Wrate	15
11/04 Tanas	0. 11
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 8 7 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Or) WIFE of William Maters	1 HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTIF (month, day, and year)	I last saw her alive on accey 6- , 193 -, death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2. 30A.m.
Coracin ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, of particular kind of work done, as SPINNER, RAWYER, BDDKKEEPER, etc	acut nesture
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and year) spent in this work year) occupation occupation	
12. BIRTHPLACE (city or town)	Other Coutributery Causes of importance:
(State or country)	Come Say popular
13. NAME	7
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15."MAIDEN NAME	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Wistown Christian Date Cura, 9, 1932	Nature of injury
9. UNDERTAKER OM CAddress)	24. Was disease or injury in any way related to occupation of deceased? 20.
10. FILED Wing 8, 1932 GE Dickinson	(Signed) X engle OD wellown M. D.
Registrar.	(Address) Marin ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal eause of death and related eauses The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STA'	TEMENTS BY PHYSICIAN
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PHYSICIANS should state

EXACTLY.

AGE should be stated

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

very important.

TION is

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

6 .	11/2	60	23	()
87	y	€#		14
V	dis.	4.3	~	-

1. PLACE OF DEATH	(191)
County Immunet.	Registration Dist. No. 270
Village or City Museum my (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Jungs / Stilleaus	
(a) Residence: No. Anamon on (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) And the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND-of (or) WIFE of Mary Milleaurs	22. i HEREBY CERTIFY. That I attended deceased from 1932, to Comp. 1932. I last saw harmalive on Comp. 7 1932. death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end retated causes of importence were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and tup 6 3 spent in this occupation)	Cleut De J Hart
12. BIRTHPLACE (city or town) Dany Cure (State or country)	Other Contributary Causes of importance:
13. NAME Ishua Milliains	Climo negrendels Clino Sut ryfuto
13. NAME Shua Villacus 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Milloy Juell	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Milby Small 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFDRMANT CONTINUE PROCESS	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Medicy Comboy Date Cling 10, 1932	Manner of injury
19. UNDERTAKER Open to Ward (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 8/9, 13 Kleurelea 18, tauxore Registrar.	(Signed) Livery Coulhan M. D. (Address) Masson M. D.

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Example I	A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1303			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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